

FIG. 1

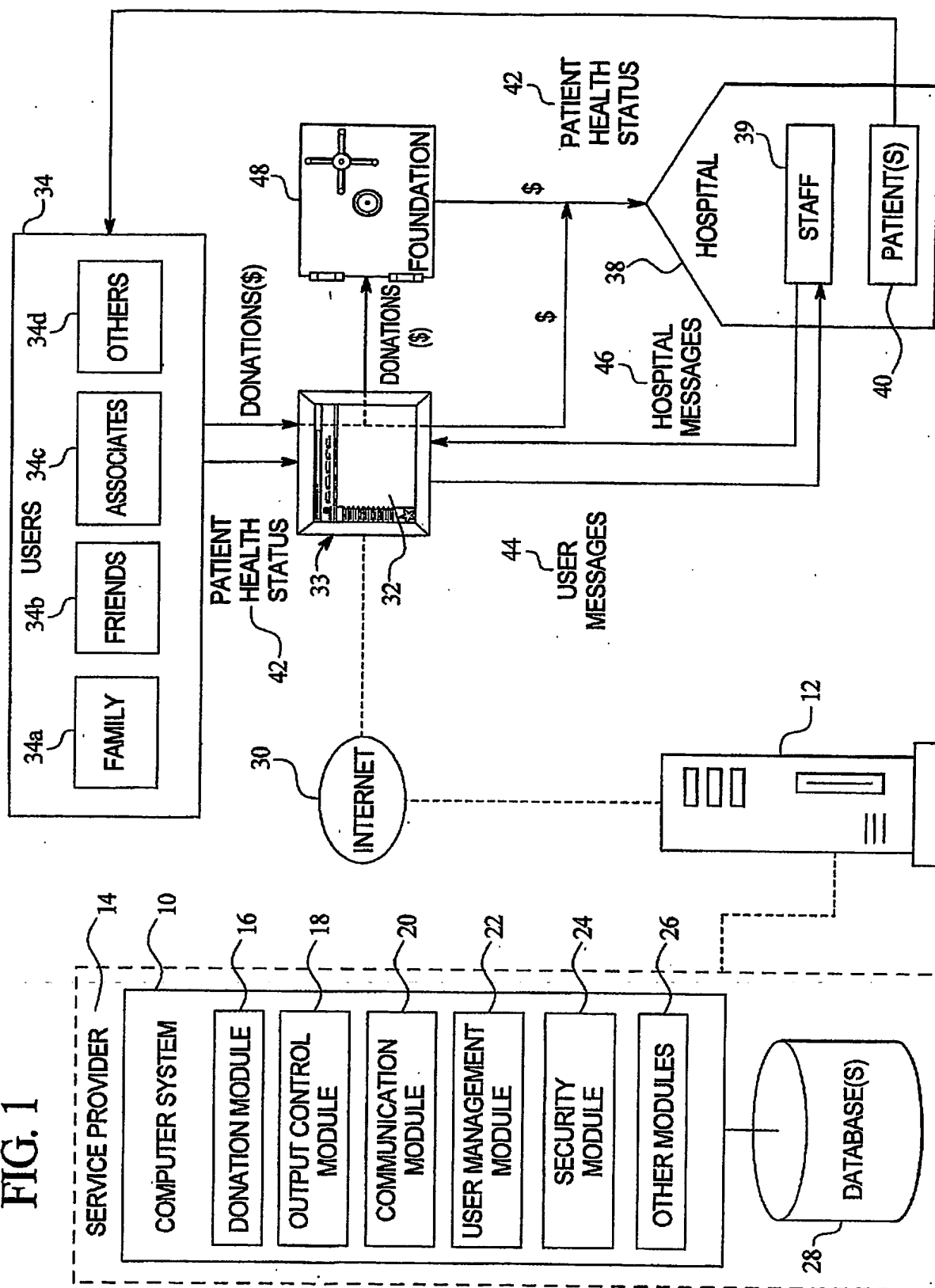


FIG. 2

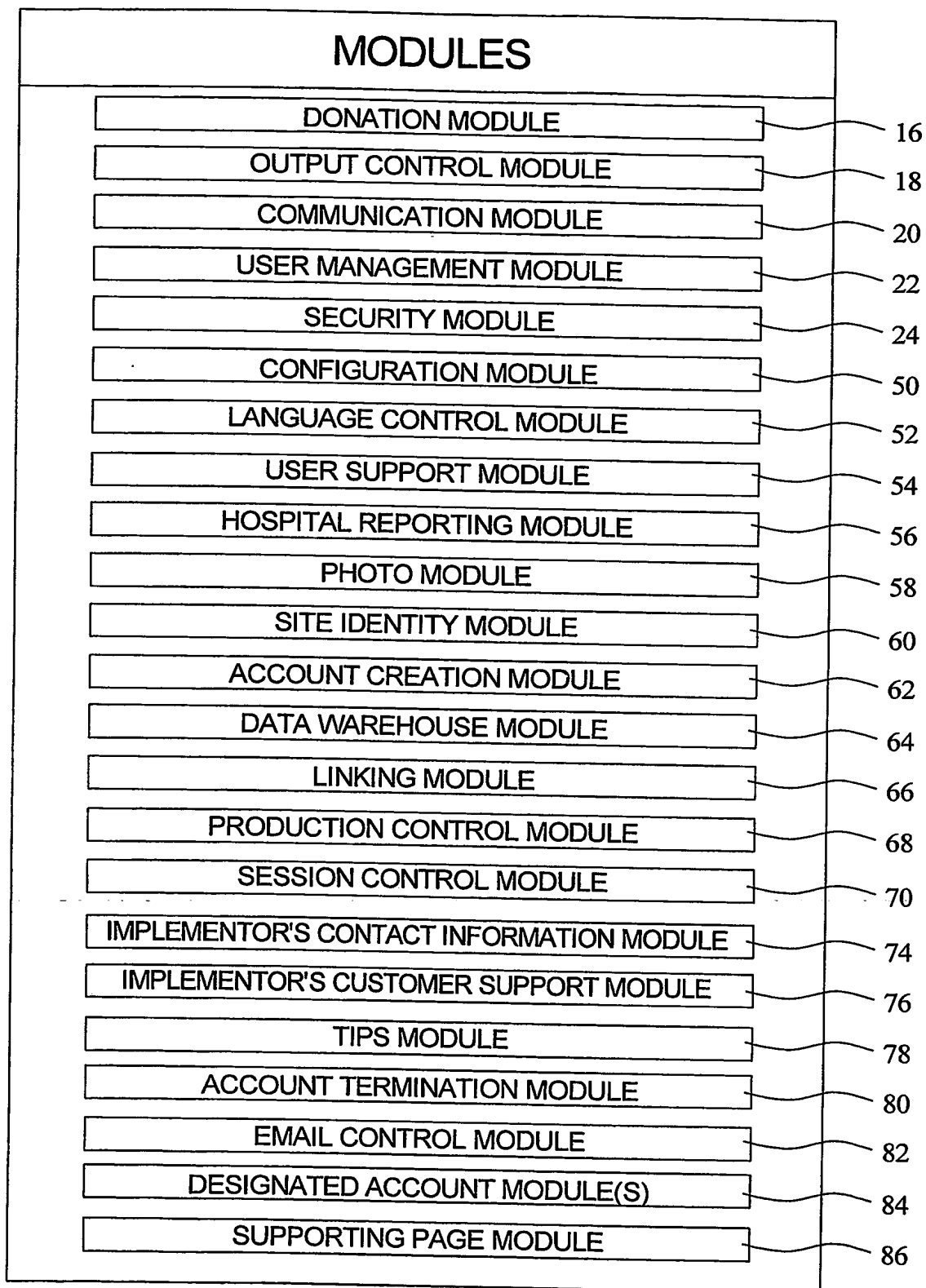


FIG. 3

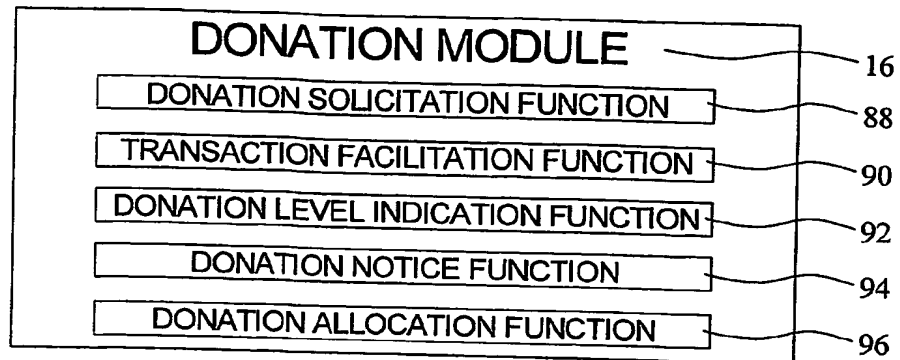


FIG. 4

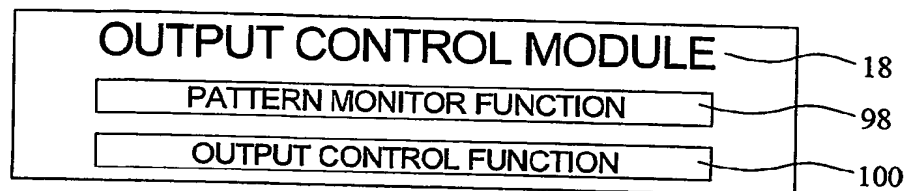


FIG. 5

102 EXAMPLE INPUT PATTERN SET	104 EXAMPLE USER OUTPUT SET
105 THE 1st VISIT TO THE HOME PAGE	WELCOME LETTER FROM EXECUTIVE OF HOSPITAL
106 EACH CYCLE OF 3 VISITS TO THE HOME PAGE	DIALOGUE ASKING USER IF HE/SHE WANTS TO COMPLETE A SURVEY
108 EACH CYCLE OF 2 CLICKS ON ICON 1A ASSOCIATED WITH MODULE A1	DIALOGUE ASKING USER IF HE/SHE WANTS TO SEND A EMAIL TO FRIENDS TO INCREASE USER-SHIP
110 EACH CYCLE OF 5 CLICKS ON ICON B1 ASSOCIATED WITH MODULE B1	DIALOGUE ASKING USER IF HE/SHE WANTS TO MAKE A FINANCIAL CONTRIBUTION TO THE HOSPITAL
112 EACH CYCLE OF 2 CLICKS ON ICON C1 ASSOCIATED WITH MODULE C1	DIALOGUE ASKING USER IF HE/SHE WANTS TO PURCHASE A GIFT FOR THE PATIENT
114 EACH CYCLE OF ACTIVITY D1 ASSOCIATED WITH MODULE D1	DELIVERY OF EMAIL TO A DESIGNATED RECIPIENT
116 EACH CYCLE OF ACTIVITY E1 ASSOCIATED WITH MODULE E1	DIALOGUE OF DESIGNATED GRAPHICS, VIDEOS OR AUDIO-VISUAL REPRESENTATIONS
• • • • •	• • • • •
• • • • •	• • • • •
• • • • •	• • • • •

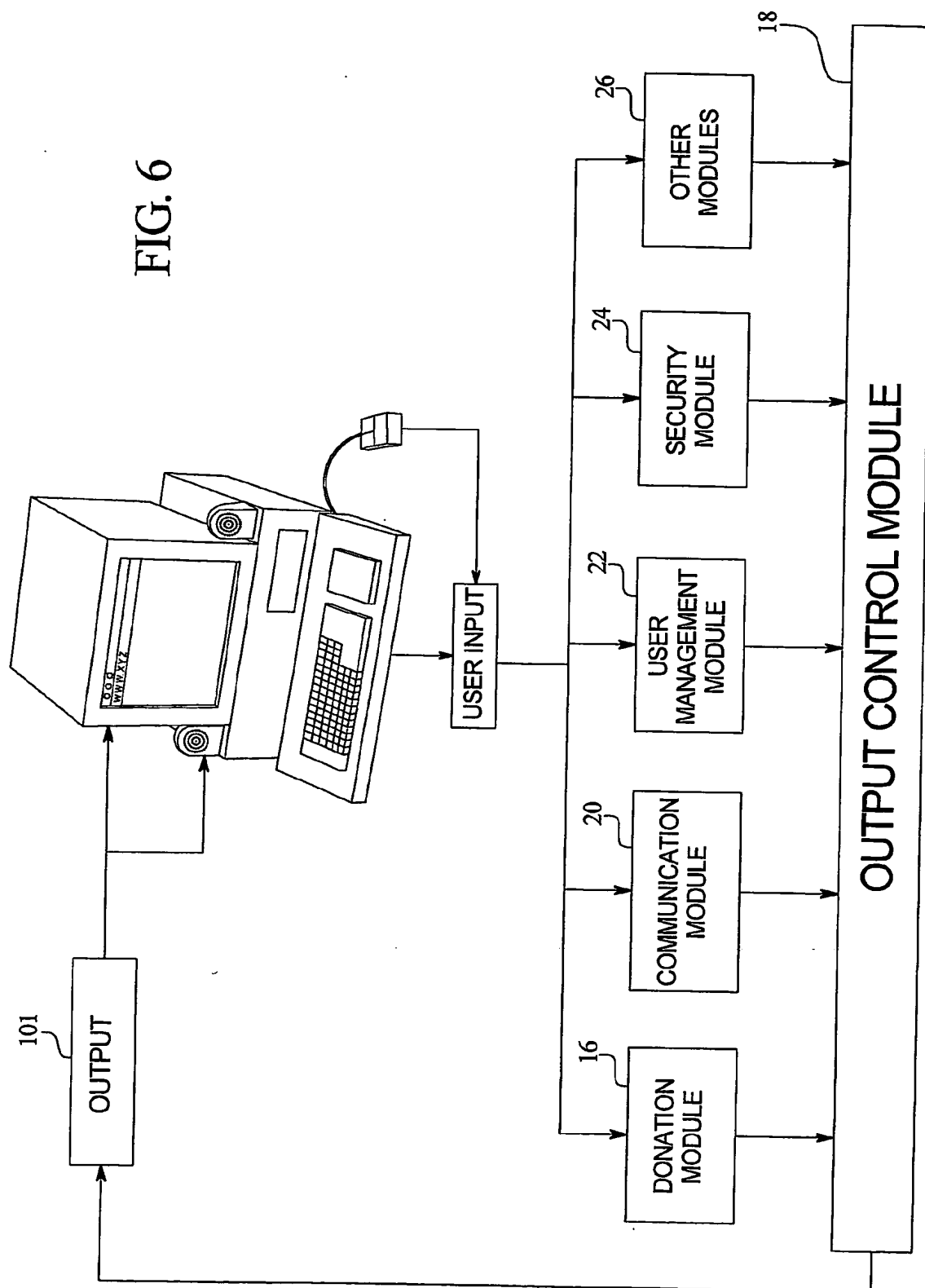


FIG. 7

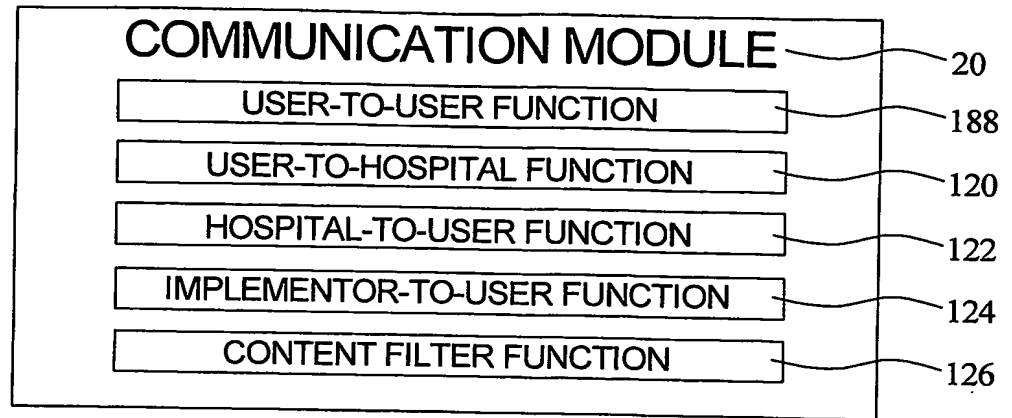


FIG. 8

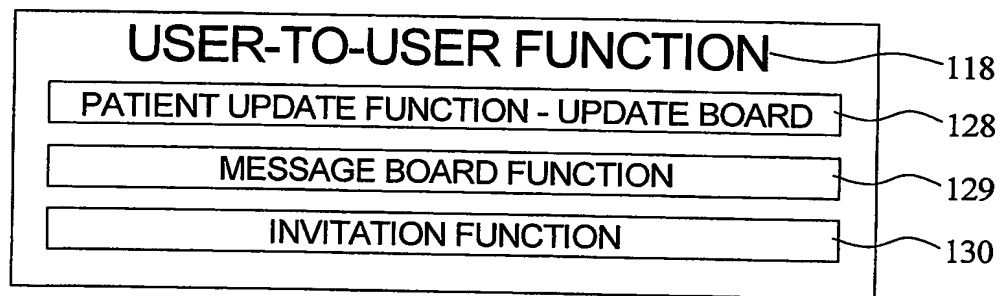


FIG. 9

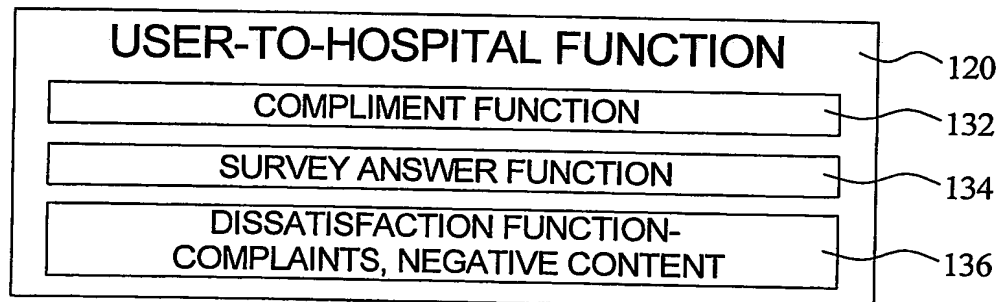


FIG. 9A

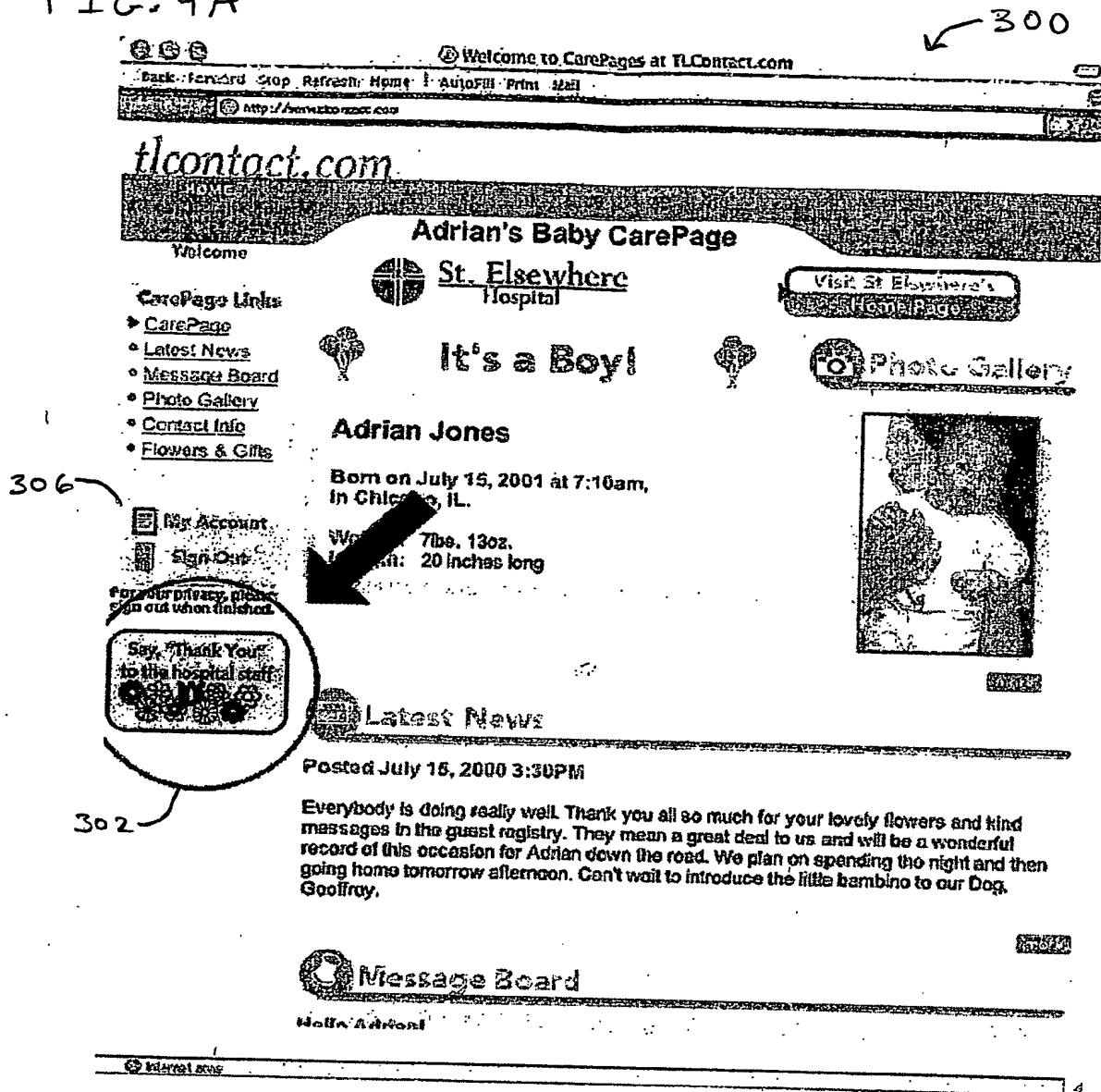
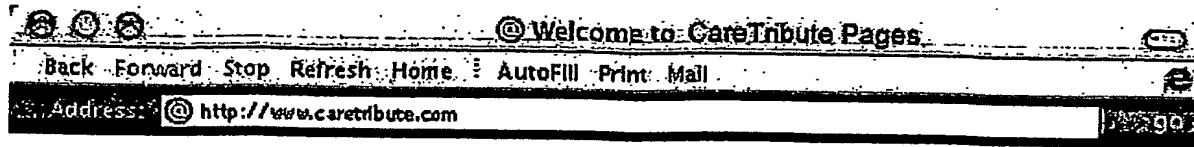


FIG. 9B

304

**caretribute**[CHANGE PASSWORD](#) | [LOGOUT](#)

CareTributes is a system designed to allow patients and loved ones to let the caregivers know how much they are appreciated.

Please fill out the following form. The fields noted with a "*" are required fields.

Thank you for choosing to send a tribute to a person or group working toward the care of a loved one.

*CareTribute Laureate's Name:

*Type of care provider:

Hospital Unit:

*Tribute Message:

Anonymous submission:

☒ check here

Internet zone

FIG. 9C

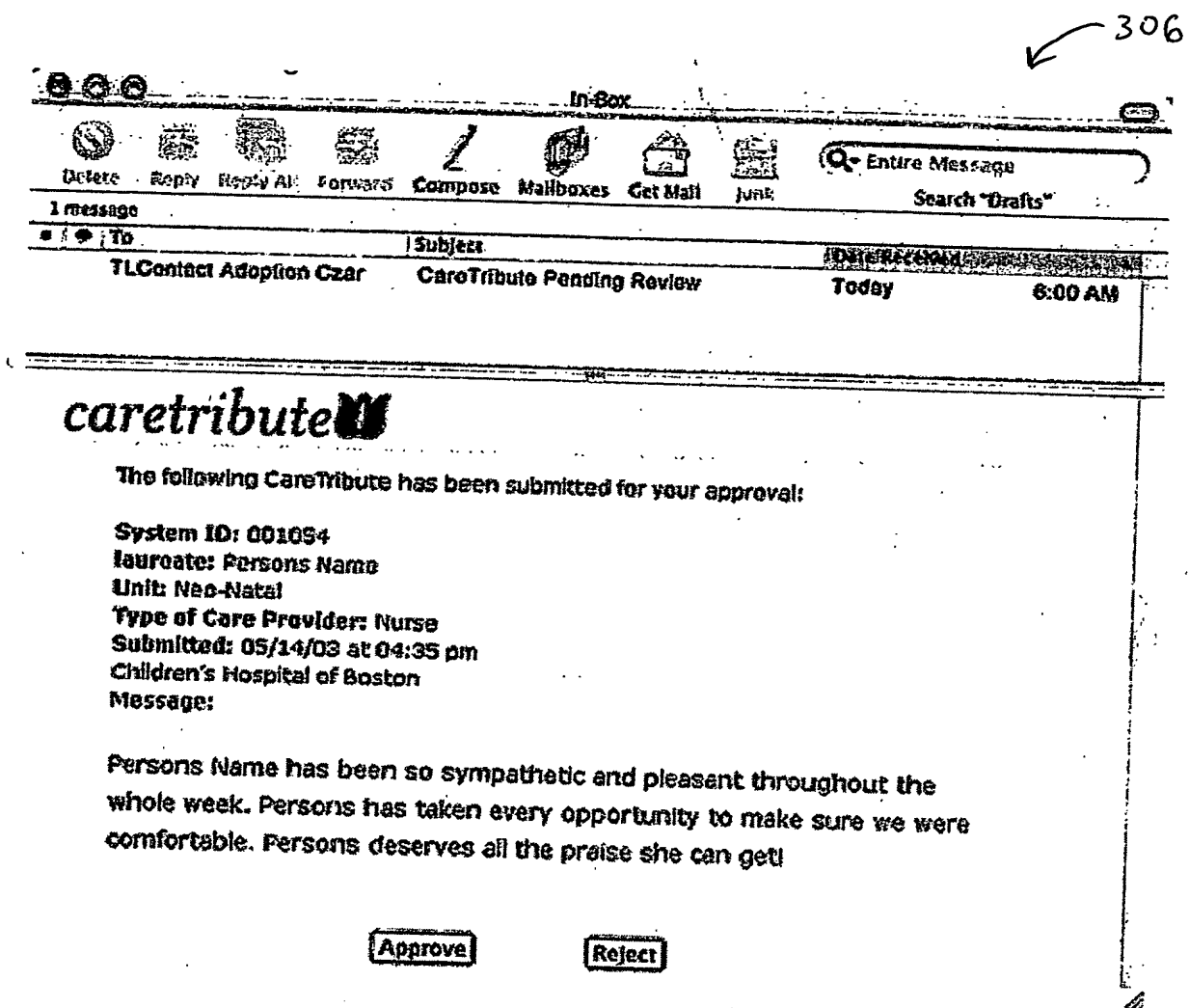
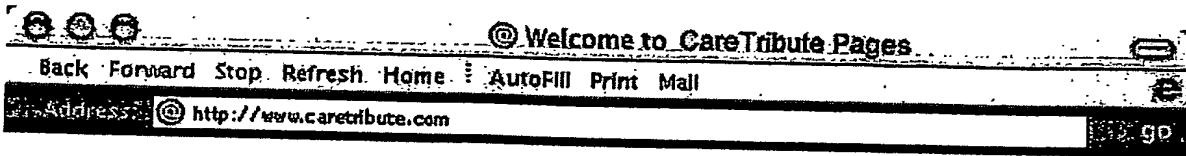


FIG. 9D

308

**caretribute**[CHANGE PASSWORD](#) | [LOGOUT](#)

The following CareTribute has been approved:

System ID: 001054
laureate: Persons Name
Unit: Neo-Natal
Type of Care Provider: Nurse
Submitted: 05/14/03 at 04:35 pm
Children's Hospital of Boston

310

314

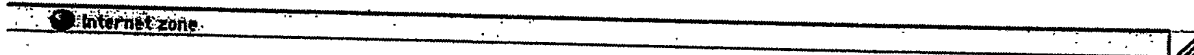
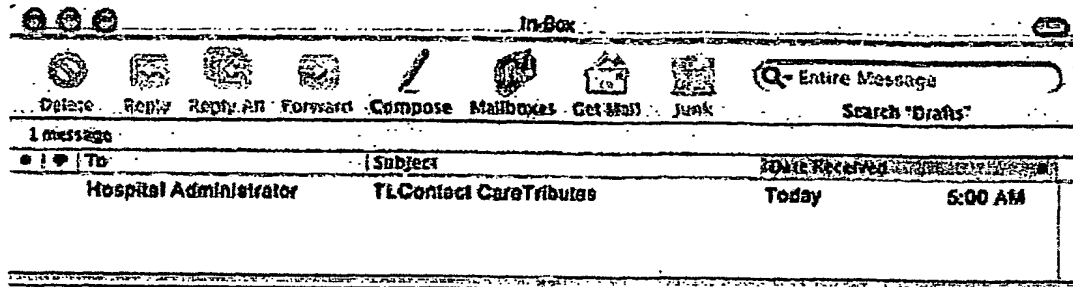


FIG. 9E

316



caretribute

CareTributes is a system designed to allow patients and loved ones to let the care-givers know how much they are appreciated.

To see a complete listing of Children's Hospital of Boston Care Tributes [click here](#).

The following CareTribute was submitted in honor of:

Persons Name

Submitted: 05/14/03

Message:

Persons Name has been so sympathetic and pleasant throughout the whole week. Persons has taken every opportunity to make sure we were comfortable. Persons deserves all the praise she can get!

Submitted by: A. Patient

The following CareTribute was submitted in honor of:

Other Person

Submitted: 05/14/03

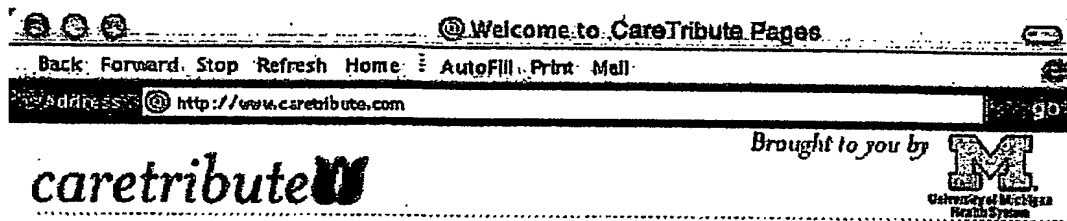
Message:

Other person has been great to me and my family when we visit your hospital!

Submitted by: O. Patient

FIG. 9 F

← 318



320 →

University of Michigan Health System

The following CareTribute was submitted in honor of:

Persons Name**Submitted: 05/14/03****Submitted by: A. Patient****Message:**

Persons Name has been so sympathetic and pleasant throughout the whole week. Persons has taken every opportunity to make sure we were comfortable. Persons deserves all the praise she can get!

The following CareTribute was submitted in honor of:

Other Person**Submitted: 05/14/03****Submitted by: O. Patient****Message:**

Other person has been great to me and my family when we visit your hospital!

TLContact, Inc. | CarePages

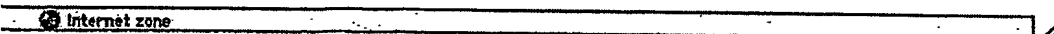


FIG. 10

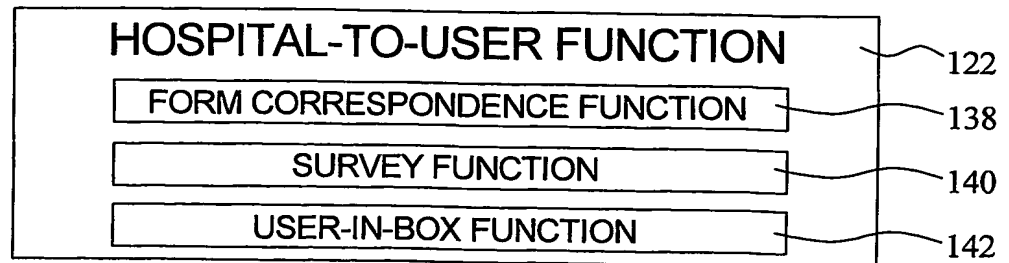


FIG. 11

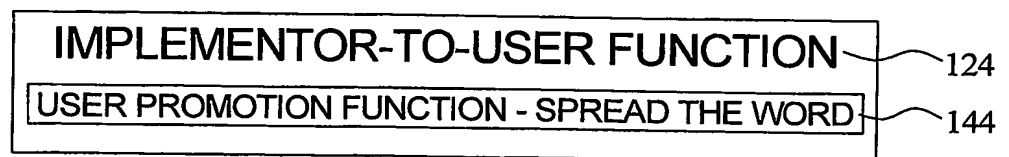


FIG. 12

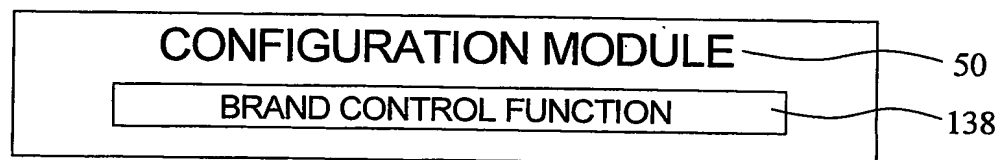


FIG. 13

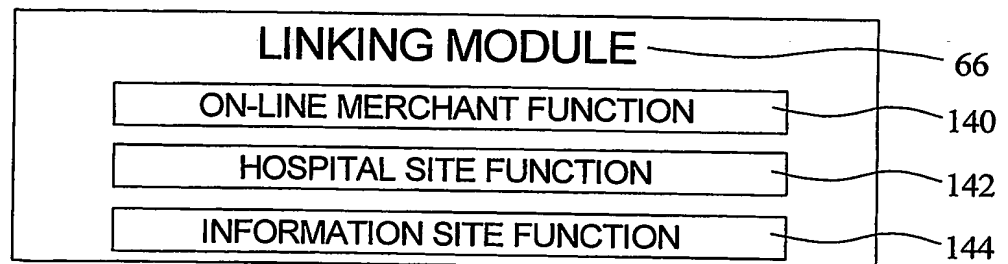


FIG. 14

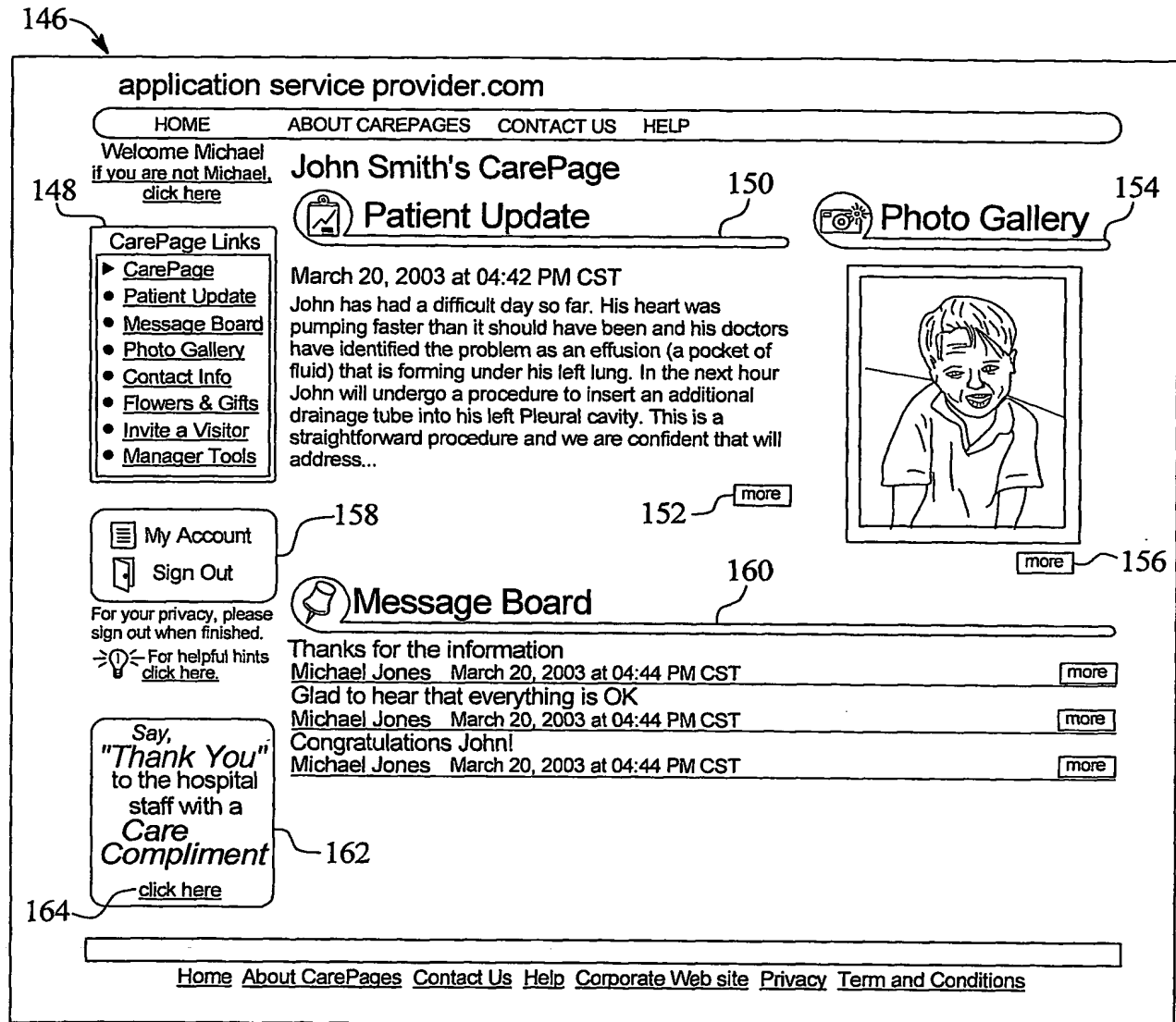


FIG. 15

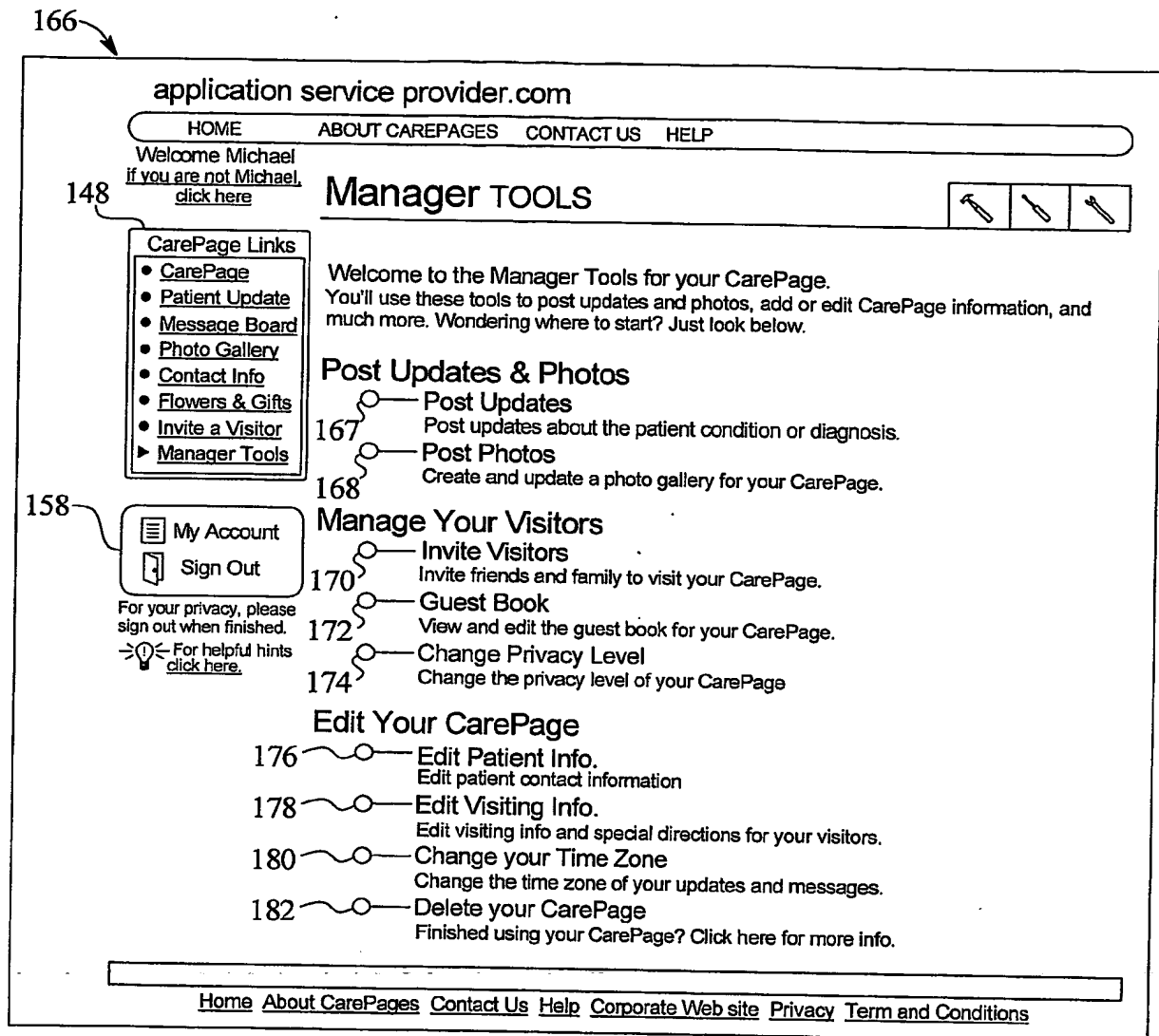


FIG. 16

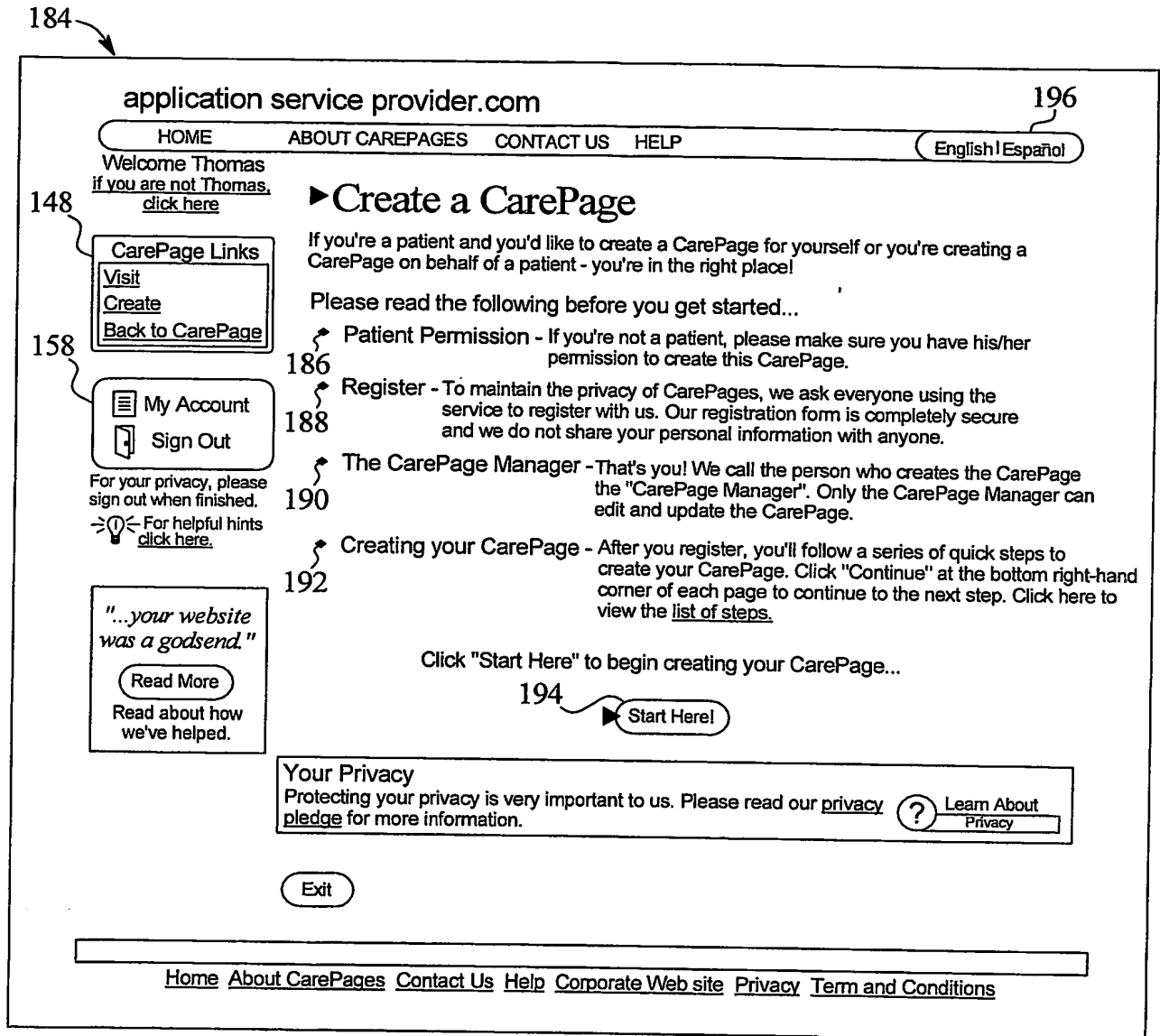


FIG. 17

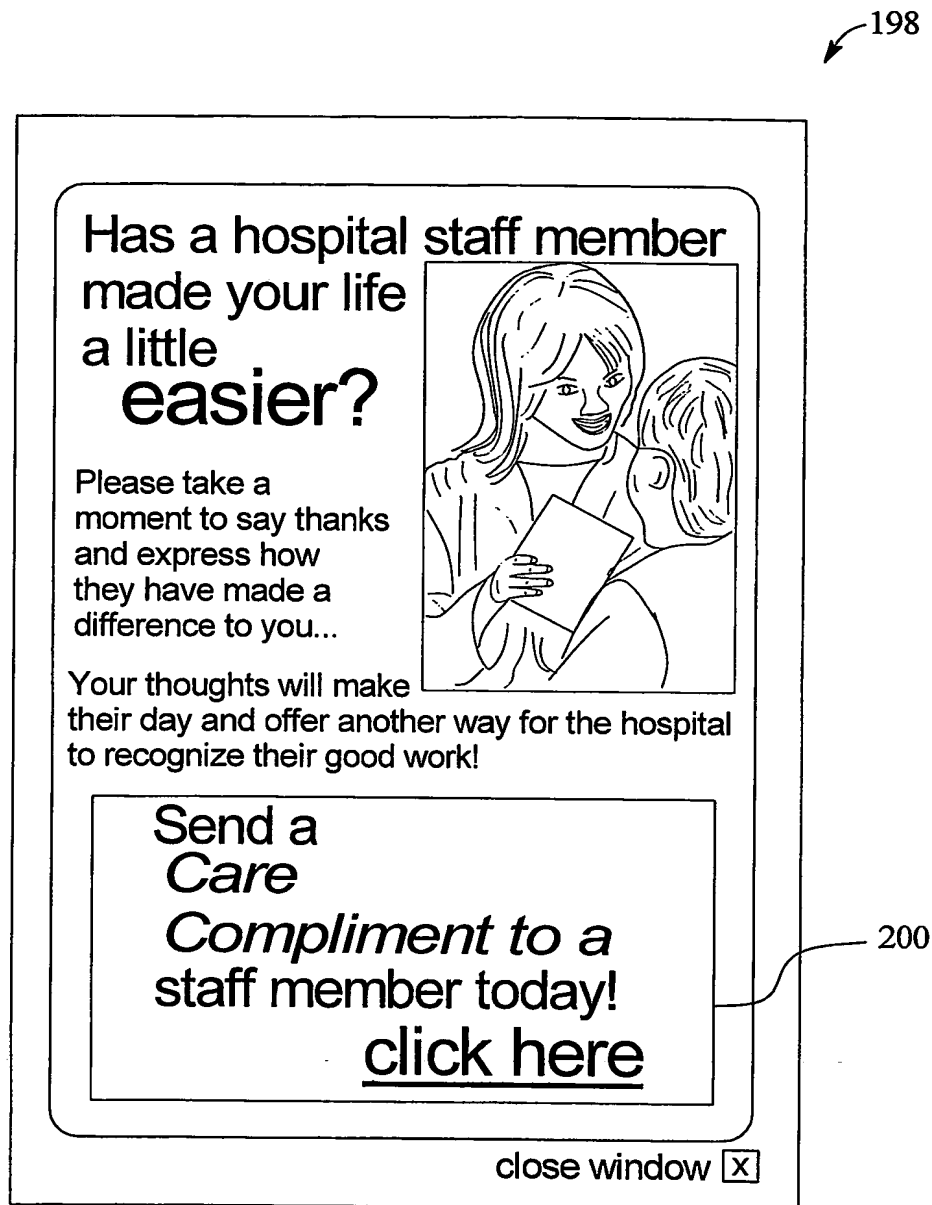


FIG. 18

202

application service provider.com

HOME ABOUT CAREPAGES CONTACT US HELP

Welcome Thomas
If you are not Thomas,
click here

148

CarePage Links

- ▶ CarePage
- Patient Update
- Message Board
- Photo Gallery
- Contact Info
- Flowers & Gifts
- Invite a Visitor

158

My Account
Sign Out

For your privacy, please
sign out when finished.
ⓘ For helpful hints
click here.

*Care
Compliment*

Has a member of the hospital staff
make a difference in your life
and you'd like to **let them know?**

Send them a CareCompliment!

Your thoughts will make their day and offer another way for the hospital to recognize their good work!

To send a CareCompliment, please complete the following:

☐ I do not want my CareCompliment to include my name.

Staff member's first name:

Staff member's last name:

Staff member's occupation:

Hospital unit (required):

Enter your CareCompliment here (required):

204

206

Please note: Your message will be shared with the staff member and their associates.

207

Send Your CareCompliment

Home About CarePages Contact Us Help Corporate Web site Privacy Term and Conditions


FIG. 19


208 →

CareCompliment Bulletin Board


**Care
Compliment**

CarePages | TLContact, Inc.





Welcome to the
CareCompliment Bulletin Board!
 Please take a moment to view the great things
 people have to say about the facility's staff:



Cook County Hospital

Medical ICU

To: Dr. B
From: Anonymous
Date: September 23, 2003
CareCompliment: Dr. Bob provided us the best care and was always there for us. He and his staff should be highly commended for their professionalism and gentleness.
[Print this CareCompliment](#) ~ 210

Northwestern Memorial Hospital

Adolescents

To: Not specified
From: Tommy Schmoojaa
Date: September 23, 2003
CareCompliment: The entire staff at the hospital made us and our child feel right at home. Without them I don't know how we would have made it through this ordeal.
 Thank You.
[Print this CareCompliment](#) ~ 212

Cardiology

To: Nurse Staff
From: Tommy Schmoojaa
Date: September 23, 2003
CareCompliment: The entire staff at the hospital made us and our child feel right at home. Without them I don't know how we would have made it through this ordeal.
 ThankYou.
[Print this CareCompliment](#) ~ 214

FIG. 20

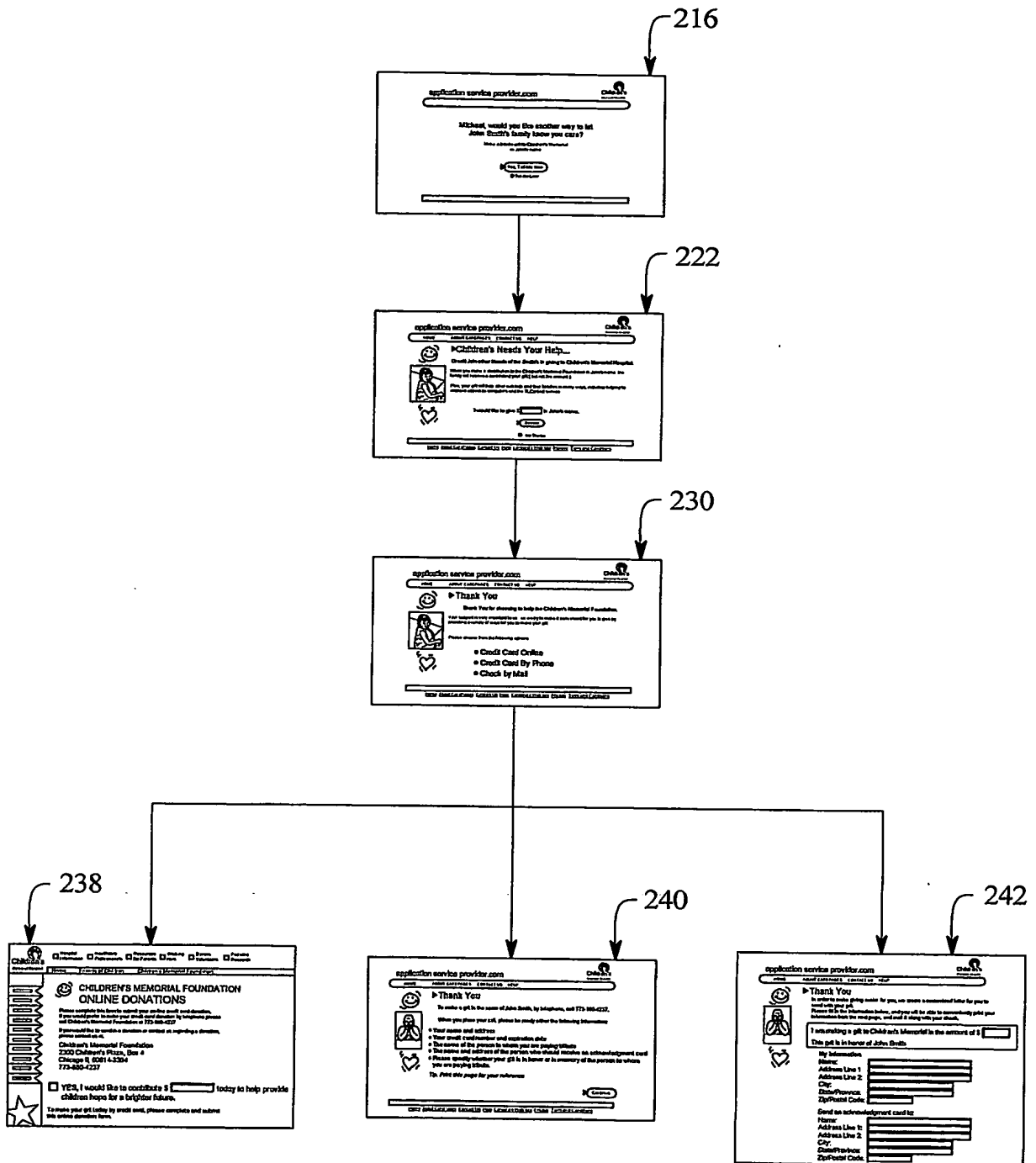



FIG. 20A

216

application service provider.com 


Michael, would you like another way to let
John Smith's family know you care?

Make a tribute gift to Children's Memorial
in John's name




☒ Yes, Tell Me How 218
☐ Tell Me Later 220

FIG. 20B

222

application service provider.com 

HOME ABOUT CAREPAGES CONTACT US HELP

► **Children's Needs Your Help...**

Great! Join other friends of the Smith's in giving to Children's Memorial Hospital.

When you make a contribution to the Children's Memorial Foundation in John's name, the family will receive a card noting your gift (but not the amount).

Plus, your gift will help other sick kids and their families in many ways, including helping to improve access to computers and the TLContact service.

224

I would like to give \$ In John's name.


☒ Continue 226
☐ No Thanks 228

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FIG. 20C

230

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 Children's
Memorial Hospital


HOME ABOUT CAREPAGES CONTACT US HELP


 ► **Thank You**


Thank You for choosing to help the Children's Memorial Foundation.




Your support is very important to us., so we try to make it convenient for you to give by providing a variety of ways for you to make your gift.

Please choose from the following options:

232  Credit Card Online

234  Credit Card By Phone


236  Check by Mail

[Home](#) [About CarePages](#) [Contact Us](#) [Help](#) [Corporate Web site](#) [Privacy](#) [Term and Conditions](#)


FIG. 20D

238

 Children's
Memorial Hospital

☐ Hospital Information ☐ Healthcare Professionals ☐ Resources for Parents ☐ Working Item ☐ Donors Volunteers ☐ Pediatric Research

Home Friends of Children Children's Memorial Foundation

 **CHILDREN'S MEMORIAL FOUNDATION
ONLINE DONATIONS**

Please complete this form to submit your on-line credit card donation.
If you would prefer to make your credit card donation by telephone please call Children's Memorial Foundation at 773-880-4237

If you would like to send in a donation or contact us regarding a donation, please contact us at:

Children's Memorial Foundation
2300 Children's Plaza, Box 4
Chicago IL, 60614-3394
773-880-4237

☐ YES, I would like to contribute \$ today to help provide children hope for a brighter future.

To make your gift today by credit card, please complete and submit this online donation form.






FIG. 20E

240

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HOME
ABOUT CAREPAGES
CONTACT US
HELP





► Thank You

To make a gift in the name of John Smith, by telephone, call 773-880-4237.

When you place your call, please be ready either the following information:

- Your name and address
- Your credit card number and expiration date
- The name of the person to whom you are paying tribute
- The name and address of the person who should receive an acknowledgment card
- Please specify whether your gift is in honor or in memory of the person to whom you are paying tribute.

Tip: Print this page for your reference





Continue


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FIG. 20F

242

application service provider.com


HOME
ABOUT CAREPAGES
CONTACT US
HELP



► Thank You

In order to make giving easier for you, we create a customized letter for you to send with your gift.

Please fill in the information below, and you will be able to conveniently print your information from the next page, and mail it along with your check.

I am making a gift to Children's Memorial in the amount of \$

This gift is in honor of John Smith

My information

Name:

Address Line 1:

Address Line 2:

City:

State/Province:

Zip/Postal Code:

Send an acknowledgment card to:

Name:

Address Line 1:

Address Line 2:

City:

State/Province:

Zip/Postal Code:

FIG. 21

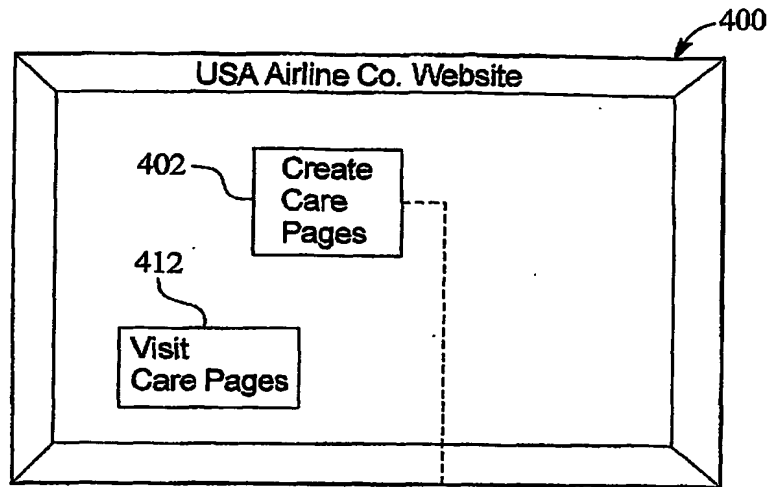


FIG. 22

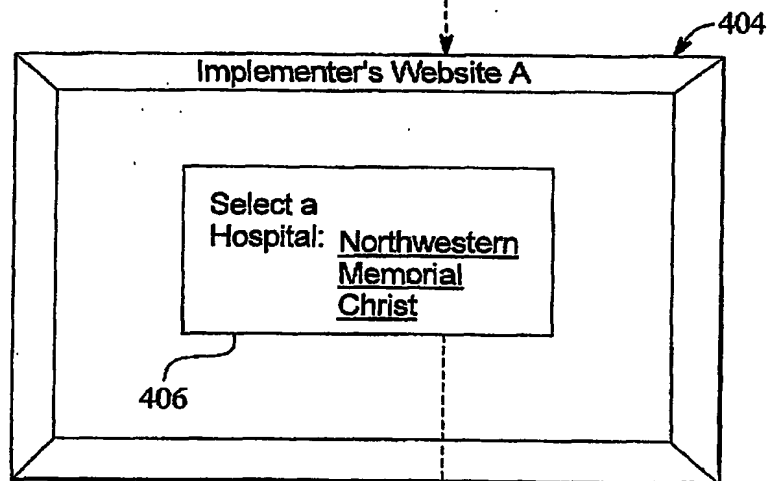


FIG. 23

